

LAW OFFICES
BLOOSTON, MORDKOFKY, DICKENS, DUFFY & PRENDERGAST, LLP
2120 L STREET, NW
WASHINGTON, DC 20037

HAROLD MORDKOFKY
BENJAMIN H. DICKENS, JR.
JOHN A. PRENDERGAST
GERARD J. DUFFY
RICHARD D. RUBINO
MARY J. SISAK
D. CARY MITCHELL
SALVATORE TAILLEFER

(202) 659-0830
FACSIMILE: (202) 828-5568

AFFILIATED SOUTH AMERICAN OFFICES

ESTUDIO JAUREGUI & ASSOCIATES
BUENOS AIRES, ARGENTINA

ROBERT M. JACKSON
OF COUNSEL

PERRY W. WOOFER
LEGISLATIVE CONSULTANT

EUGENE MALISZEWSKYJ
ENGINEERING CONSULTANT

ARTHUR BLOOSTON
1914 – 1999

WRITER'S CONTACT INFORMATION

gjd@bloostonlaw.com
202-828-5528

REDACTED – FOR PUBLIC INSPECTION

VIA HAND DELIVERY AND ECFS

Marlene H. Dortch, Secretary
Federal Communications Commission
Office of the Secretary
445 12th Street, S.W.
Washington, DC 20554

**RE: Form 481 – Carrier Annual Reporting Data Collection Form
WC Dockets No. 10-90 and 11-42**

Dear Ms. Dortch:

Pursuant to sections 54.313(i) and 54.422(c) of the Commission's Rules¹ and the Commission's *Public Notice*² and *Protective Order*³ in this proceeding, Alhambra-Grantfork Telephone Company ("the Company") hereby submits two copies of its "FCC Form 481 – Carrier Annual Reporting Data Collection Form," which was timely filed with the Universal Service Administrative Company and the appropriate state commission on or before October 15, 2013, and which includes a Redacted Confidential Document containing proprietary and confidential financial information that has been obscured.

¹ 47 CFR §§54.313 and 54.422.

² *Wireline Competition Bureau Announces Filing Deadline of October 15, 2013 for Eligible Telecommunications Carriers to File High-Cost and Low-Income Annual Reports*, PUBLIC NOTICE, WC Dockets No. 10-90 and 11-42, DA 13-1707, released August 6, 2013.

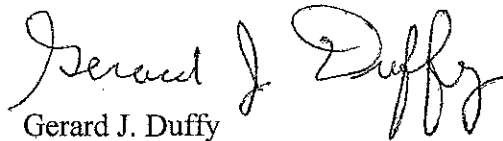
³ *In the Matter of Connect America Fund, et al.*, PROTECTIVE ORDER, WC Docket No. 10-90, et al., DA 12-1857, released November 16, 2013.

REDACTED – FOR PUBLIC INSPECTION

The Company seeks confidential treatment under the *Protective Order* for the financial information included in its report pursuant to §54.313(f)(2). Confidential treatment of this information is appropriate on the grounds that it is commercially sensitive information that is not normally released to the public. The Company is also submitting a copy of its FCC Form 481 (including the Redacted Confidential Document) via the Electronic Comment Filing System, as directed by the Public Notice.

Due to temporary closure of the Commission's filing window, mail room, and electronic filing systems beginning October 1, 2013, this filing is being submitted on the business day following the day of return to normal operations in accordance with the Commission's Public Notice on filing procedures in the event of a lapse in funding.⁴ If you have any questions regarding this matter, please contact undersigned counsel.

Respectfully submitted,


Gerard J. Duffy

Filed:

⁴ *Procedures for Filings in the Event of a Lapse in Funding*, PUBLIC NOTICE, released October 1, 2013.

| | |
|---|---|
| FCC Form 481 – Carrier Annual Reporting Data Collection Form | FCC Form 481 OMB Control No. 3050-0986/OMB Control No. 3060-0819 July 2013 |
|---|---|

| | |
|---|------------------------|
| <010> Study Area Code | 340978 |
| <015> Study Area Name | ALHAMBRA-GRANTFORK |
| <020> Program Year | 2014 |
| <030> Contact Name: Person USAC should contact with questions about this data | Mike Petrouske |
| <035> Contact Telephone Number: Number of the person identified in data line <030> | 815-621-5212 |
| <039> Contact Email Address: Email of the person identified in data line <030> | mpetrouske@hometel.com |

| ANNUAL REPORTING FOR ALL CARRIERS | | | 54.313 Completion Required | 54.422 Completion Required |
|---|---|-------------------------------------|-------------------------------------|-------------------------------------|
| <100> Service Quality Improvement Reporting | (complete attached worksheet) | (check box when complete) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <200> Outage Reporting (voice) | (complete attached worksheet) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <210> <input checked="" type="checkbox"/> ← check box if no outages to report | | | | |
| <300> Unfulfilled Service Requests (voice) | 0 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <310> Detail on Attempts (voice) | (attach descriptive document) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <320> Unfulfilled Service Requests (broadband) | (attach descriptive document) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <330> Detail on Attempts (broadband) | (attach descriptive document) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <400> Number of Complaints per 1,000 customers (voice) | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <410> Fixed | 0.0 | | | |
| <420> Mobile | | | | |
| <430> Number of Complaints per 1,000 customers (broadband) | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <440> Fixed | | | | |
| <450> Mobile | | | | |
| <500> Service Quality Standards & Consumer Protection Rules Compliance | (check to indicate certification) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <510> 34097811510 | (attach descriptive document) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <600> Functionality in Emergency Situations | (check to indicate certification) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <610> 34097811610 | (attach descriptive document) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <700> Company Price Offerings (voice) | (complete attached worksheet) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <710> Company Price Offerings (broadband) | (complete attached worksheet) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <800> Operating Companies and Affiliates | (complete attached worksheet) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <900> Tribal Land Offerings (Y/N)? <input type="radio"/> <input checked="" type="radio"/> | (if yes, complete attached worksheet) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <1000> Voice Services Rate Comparability | (check to indicate certification) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <1010> <input type="radio"/> <input checked="" type="radio"/> | (attach descriptive document) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <1100> Terrestrial Backhaul (Y/N)? <input type="radio"/> <input checked="" type="radio"/> | (if not, check to indicate certification) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <1110> <input type="radio"/> <input checked="" type="radio"/> | (complete attached worksheet) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <1200> Terms and Condition for Lifeline Customers | (complete attached worksheet) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

| | | | |
|--------|-----------------------------------|-------------------------------------|-------------------------------------|
| <2000> | (check to indicate certification) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <2005> | (complete attached worksheet) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

| | | | |
|--------|-----------------------------------|-------------------------------------|-------------------------------------|
| <3000> | (check to indicate certification) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <3005> | (complete attached worksheet) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

**(100) Service Quality Improvement Reporting
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

| | | |
|-------|---|---|
| <010> | Study Area Code | 340978 |
| <015> | Study Area Name | ALHAMBRA-GRANTFORK |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Mike Petrouske |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 815-621-5212 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | mpetruske@hometel.com |
| <110> | Has your company received its ETC certification from the FCC? | (yes / no) <input type="radio"/> <input checked="" type="radio"/> |
| <111> | If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC? | (yes / no) <input type="radio"/> <input type="radio"/> |

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

- <112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

 Name of Attached Document (.pdf)

Please check these boxes below to confirm that the attached PDF, on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

- <113> Maps detailing progress towards meeting plan targets
- <114> Report how much universal service (USF) support was received
- <115> How (USF) was used to improve service quality
- <116> How (USF) was used to improve service coverage
- <117> How (USF) was used to improve service capacity
- <118> Provide an explanation of network improvement targets not met in the prior calendar year.

| |
|--------------------------|
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |

| | |
|--|--|
| (200) Service Outage Reporting (Voice) Data Collection Form | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
|--|--|

| | | |
|-------|---|-----------------------|
| <010> | Study Area Code | 340978 |
| <015> | Study Area Name | ALHAMBRA-GRANTFORK |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Mike Petrouske |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 815-621-5212 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | mpetrouske@homtel.com |

[illegible]

| | |
|---|--|
| (700) Price Offerings Including Voice Rate Data Data Collection Form | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
|---|--|

| | | |
|-------|---|------------------------|
| <010> | Study Area Code | 340978 |
| <015> | Study Area Name | ALHAMBRA-GRANTFORK |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Mike Petrouske |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 815-621-5212 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | mpetrouske@hometel.com |

| | |
|--|----------|
| <701> Residential Local Service Charge Effective Date | 1/1/2013 |
| <702> Single State-wide Residential Local Service Charge | |

[illegible]

(710) Broadband Price Offerings
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

| | | |
|-------|---|------------------------|
| <010> | Study Area Code | 340978 |
| <015> | Study Area Name | ALHAMBRA-GRANTFORK |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Mike Petrouske |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 815-621-5212 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | mpetrouske@hometel.com |

[illegible]

| | | |
|-------|---|---|
| <010> | Study Area Code | 340978 |
| <015> | Study Area Name | ALHAMBRA-GRANTFORK |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Mike Petrouske |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 815-621-5212 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | mpetrouske@hometel.com |
| <810> | Reporting Carrier | Alhambra-Grantfork Telephone Company |
| <811> | Holding Company | Alhambra-Grantfork Communications, Inc. |
| <812> | Operating Company | Alhambra-Grantfork Telephone Company |

[illegible]

**(900) Tribal Lands Reporting
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

| | | |
|-------|---|------------------------|
| <010> | Study Area Code | 340978 |
| <015> | Study Area Name | ALHAMBRA-GRANTFORK |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Mike Petrouske |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 815-621-5212 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | mpetrouske@hometel.com |

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document (.pdf)

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions;
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

| Select (Yes, No, NA) |
|----------------------------|
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |

**(1100) No Terrestrial Backhaul Reporting
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

| | | |
|-------|---|------------------------|
| <010> | Study Area Code | 340978 |
| <015> | Study Area Name | ALHAMBRA-GRANTFORK |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Mike Petrouske |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 815-621-5212 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | mpetrouske@hometel.com |

Please check this box to confirm no terrestrial backhaul
<1120> options exist within the supported area pursuant to § 54.313(G) ☐

Please check this box to confirm the reporting carrier offers
<1130> broadband service of at least 1 Mbps downstream and 256 kbps
upstream within the supported area pursuant to § 54.313(G) ☐

(1200) Terms and Condition for Lifeline Customers**Lifeline****Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

| | | |
|-------|---|------------------------|
| <010> | Study Area Code | 340978 |
| <015> | Study Area Name | ALHAMBRA-GRANTFORK |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Mike Petrouske |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 815-621-5212 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | mpetrouske@hometel.com |

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

340978i11210

Name of attached document (.pdf)

<1220> Link to Public Website

HTTP

"Please check these boxes below to confirm that the attached PDF, on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

- <1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, ☒
- <1222> Details on the number of minutes provided as part of the plan, ☒
- <1223> Additional charges for toll calls, and rates for each such plan. ☒

(2000) Price Cap Carrier Additional Documentation**Data Collection Form***Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers*

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

| | | |
|-------|---|------------------------|
| <010> | Study Area Code | 340978 |
| <015> | Study Area Name | ALHAMBRA-GRANTFORK |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Mike Petrouske |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 815-621-5212 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | mpetrouske@hometel.com |

CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

- <2010> 2nd Year Certification {47 CFR § 54.313(b)(1)} ☐
- <2011> 3rd Year Certification {47 CFR § 54.313(b)(2)} ☐

Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)}

- <2012> 2013 Frozen Support Certification ☐
- <2013> 2014 Frozen Support Certification ☐
- <2014> 2015 Frozen Support Certification ☐
- <2015> 2016 and future Frozen Support Certification ☐

Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}

- <2016> Certification Support Used to Build Broadband ☐

Connect America Phase II Reporting {47 CFR § 54.313(e)}

- <2017> 3rd year Broadband Service Certification ☐
- <2018> 5th year Broadband Service Certification ☐
- <2019> Interim Progress Certification ☐
- <2020> Please check the box to confirm that the attached PDF, on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year. ☐
- <2021> Interim Progress Community Anchor Institutions ☐

Name of Attached Document Listing Required Information

| | | |
|-------|---|------------------------|
| <010> | Study Area Code | 340978 |
| <015> | Study Area Name | ALHAMBRA-GRANTFORK |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Mike Petrouske |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 815-621-5212 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | mpetrouske@hometel.com |

Progress Report on 5 Year Plan

- | | | |
|---|---|--|
| <p>(3010) Milestone Certification {47 CFR § 54.313(f)(1)(ii)} Please check this box to confirm that the attached PDF, on line 3012,</p> | <p>Name of Attached Document Listing Required Information</p> | <input type="checkbox"/> |
| <p>(3011) contains the required information pursuant to § 54.313(f)(1)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.</p> | | |
| <p>(3012) Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)}</p> | <p>Name of Attached Document Listing Required Information</p> | <input checked="" type="checkbox"/> (Yes/No) |
| <p>(3013) Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)}</p> | | <input checked="" type="checkbox"/> (Yes/No) |
| <p>(3014) If yes, does your company file the RUS annual report Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:</p> | | |
| <p>(3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)</p> | | <input checked="" type="checkbox"/> |
| <p>(3016) PDF of Balance Sheet, Income Statement and Statement of Cash Flows</p> | | <input checked="" type="checkbox"/> |
| <p>(3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation</p> | <p>Name of Attached Document Listing Required Information</p> | <p>34097813017</p> |
| <p>(3018) If the response is no on line 3014, is your company audited? If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:</p> | | <input type="checkbox"/> (Yes/No) |
| <p>(3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications</p> | | <input type="checkbox"/> |
| <p>(3020) PDF of Balance Sheet, Income Statement and Statement of Cash Flows</p> | | <input type="checkbox"/> |
| <p>(3021) Management letter issued by the independent certified public accountant that performed the company's financial audit.</p> | | <input type="checkbox"/> |
| <p>If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:</p> | | |
| <p>(3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,</p> | | <input type="checkbox"/> |
| <p>(3023) Underlying information subjected to a review by an independent certified public accountant</p> | | <input type="checkbox"/> |
| <p>(3024) Underlying information subjected to an officer certification.</p> | | <input type="checkbox"/> |
| <p>(3025) PDF of Balance Sheet, Income Statement and Statement of Cash Flows</p> | | <input type="checkbox"/> |
| <p>(3026) Attach the worksheet listing required information</p> | <p>Name of Attached Document Listing Required Information</p> | |

| | |
|---|--|
| Certification - Reporting Carrier Data Collection Form | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
|---|--|

| | |
|---|------------------------|
| <010> Study Area Code | 340978 |
| <015> Study Area Name | ALHAMBRA - GRANTFORK |
| <020> Program Year | 2014 |
| <030> Contact Name - Person USAC should contact regarding this data | Mike Petrouske |
| <035> Contact Telephone Number - Number of person identified in data line <030> | 815-621-5212 |
| <039> Contact Email Address - Email Address of person identified in data line <030> | mpetrouske@hometel.com |

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

| | |
|---|--------------------------------|
| Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients | |
| I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate. | |
| Name of Reporting Carrier: | |
| Signature of Authorized Officer: | Date |
| Printed name of Authorized Officer: | |
| Title or position of Authorized Officer: | |
| Telephone number of Authorized Officer: | |
| Study Area Code of Reporting Carrier: | Filing Due Date for this form: |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | |

| | | |
|---|------------------------|--|
| Certification - Agent / Carrier Data Collection Form | | FCC Form 481 OMB Control No. 3060-0985/OMB Control No. 3060-0819 July 2013 |
| <010> Study Area Code | 340978 | |
| <015> Study Area Name | ALHAMBRA-GRANTFORK | |
| <020> Program Year | 2014 | |
| <030> Contact Name - Person USAC should contact regarding this data | Mike Petrouske | |
| <035> Contact Telephone Number - Number of person identified in data line <030> | 815-621-5212 | |
| <039> Contact Email Address - Email Address of person identified in data line <030> | mpetrouske@hometel.com | |

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

| | |
|--|--|
| Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier | |
| I certify that (Name of Agent) <u>Mike Petrouske</u> is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate. | |
| Name of Authorized Agent: | Mike Petrouske |
| Name of Reporting Carrier: | ALHAMBRA-GRANTFORK |
| Signature of Authorized Officer: | CERTIFIED ONLINE Date: 10/11/2013 |
| Printed name of Authorized Officer: | Kevin Osterbur |
| Title or position of Authorized Officer: | Treasurer |
| Telephone number of Authorized Officer: | 6184882165 |
| Study Area Code of Reporting Carrier: | 340978 Filing Due Date for this form: 10/15/2013 |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | |

TO BE COMPLETED BY THE AUTHORIZED AGENT:

| | |
|--|--|
| Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier | |
| I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate. | |
| Name of Reporting Carrier: | ALHAMBRA-GRANTFORK |
| Name of Authorized Agent or Employee of Agent: | Mike Petrouske |
| Signature of Authorized Agent or Employee of Agent: | CERTIFIED ONLINE Date: 10/11/2013 |
| Printed name of Authorized Agent or Employee of Agent: | Mike Petrouske |
| Title or position of Authorized Agent or Employee of Agent: | Consultant |
| Telephone number of Authorized Agent or Employee of Agent: | 815-621-5212 |
| Study Area Code of Reporting Carrier: | 340978 Filing Due Date for this form: 10/15/2013 |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | |

Attachments

Data Collection Form

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

| | | |
|-------|---|------------------------|
| <010> | Study Area Code | 340978 |
| <015> | Study Area Name | ALHAMBRA-GRANTFORK |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Mike Petrouske |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 815-621-5212 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | mpetrouske@hometel.com |

| | | |
|-------|-------------------|---|
| <810> | Reporting Carrier | Alhambra-Grantfork Telephone Company |
| <811> | Holding Company | Alhambra-Grantfork Communications, Inc. |
| <812> | Operating Company | Alhambra-Grantfork Telephone Company |

[illegible]



Independent Auditor's Report

To the Board of Directors
Alhambra-Grantfork Communications, Inc.
Alhambra, Illinois

Report on the Financial Statements

I have audited the accompanying consolidated financial statements of Alhambra-Grantfork Telephone Company (an Illinois corporation), which comprise the balance sheets as of December 31, 2012 and 2011, and the related statements of income, retained earnings, and cash flows for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

My responsibility is to express an opinion on these financial statements based on my audits. I conducted my audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that I plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, I express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my audit opinion.

Opinion

In my opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Alhambra-Grantfork Telephone Company as of December 31, 2012, and the results of their operations and their cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

REDACTED - FOR PUBLIC INSPECTION

Independent Auditor's Report (Concluded)

Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, I have also issued my report dated March 21, 2013 on my consideration of Alhambra-Grantfork Telephone Company's internal control over financial reporting and on my tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is to describe the scope of my testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering Alhambra-Grantfork Telephone Company's internal control over financial reporting and compliance.



Dennis G Koch
Certified Public Accountant

March 21, 2013
Quincy, Illinois

REDACTED - FOR PUBLIC INSPECTION

USDA-RUS

**OPERATING REPORT FOR
TELECOMMUNICATIONS BORROWERS**

This data will be used by RUS to review your financial situation. Your response is required by 7 U.S.C. 901 et seq. and, subject to federal laws and regulations regarding confidential information, will be treated as confidential.

BORROWER NAME

Alhambra-Grantfork Telephone Company

(Prepared with Audited Data)

INSTRUCTIONS-Submit report to RUS within 30 days after close of the period.
For detailed instructions, see RUS Bulletin 1744-2. Report in whole dollars only.

PERIOD ENDING

December, 2012

BORROWER DESIGNATION

IL0526

CERTIFICATION

We hereby certify that the entries in this report are in accordance with the accounts and other records of the system and reflect the status of the system to the best of our knowledge and belief.

ALL INSURANCE REQUIRED BY 7 CFR PART 1788, CHAPTER XVII, RUS, WAS IN FORCE DURING THE REPORTING PERIOD AND RENEWALS HAVE BEEN OBTAINED FOR ALL POLICIES.

DURING THE PERIOD COVERED BY THIS REPORT PURSUANT TO PART 1788 OF 7CFR CHAPTER XVII

(Check one of the following)

☒ All of the obligations under the RUS loan documents have been fulfilled in all material respects.

☐ There has been a default in the fulfillment of the obligations under the RUS loan documents. Said default(s) is/are specifically described in the Telecom Operating Report

Kevin Osterbur

5/20/2013

DATE

PART A. BALANCE SHEET

| ASSETS | BALANCE PRIOR YEAR | BALANCE END OF PERIOD | LIABILITIES AND STOCKHOLDERS' EQUITY | BALANCE PRIOR YEAR | BALANCE END OF PERIOD |
|--|-----------------------|--------------------------|---|-----------------------|--------------------------|
| CURRENT ASSETS | | | CURRENT LIABILITIES | | |
| 1. Cash and Equivalents | | | 25. Accounts Payable | | |
| 2. Cash-RUS Construction Fund | | | 26. Notes Payable | | |
| 3. Affiliates: | | | 27. Advance Billings and Payments | | |
| a. Telecom, Accounts Receivable | | | 28. Customer Deposits | | |
| b. Other Accounts Receivable | | | 29. Current Mat. L/T Debt | | |
| c. Notes Receivable | | | 30. Current Mat. L/T Debt-Rur. Dev. | | |
| 4. Non-Affiliates: | | | 31. Current Mat.-Capital Leases | | |
| a. Telecom, Accounts Receivable | | | 32. Income Taxes Accrued | | |
| b. Other Accounts Receivable | | | 33. Other Taxes Accrued | | |
| c. Notes Receivable | | | 34. Other Current Liabilities | | |
| 5. Interest and Dividends Receivable | | | 35. Total Current Liabilities (25 thru 34) | | |
| 6. Material-Regulated | | | LONG-TERM DEBT | | |
| 7. Material-Nonregulated | | | 36. Funded Debt-RUS Notes | | |
| 8. Prepayments | | | 37. Funded Debt-RTB Notes | | |
| 9. Other Current Assets | | | 38. Funded Debt-FFB Notes | | |
| 10. Total Current Assets (1 Thru 9) | | | 39. Funded Debt-Other | | |
| NONCURRENT ASSETS | | | 40. Funded Debt-Rural Develop. Loan | | |
| 11. Investment in Affiliated Companies | | | 41. Premium (Discount) on L/T Debt | | |
| a. Rural Development | | | 42. Recaptured Debt | | |
| b. Nonrural Development | | | 43. Obligations Under Capital Lease | | |
| 12. Other Investments | | | 44. Adv. From Affiliated Companies | | |
| a. Rural Development | | | 45. Other Long-Term Debt | | |
| b. Nonrural Development | | | 46. Total Long-Term Debt (36 thru 45) | | |
| 13. Nonregulated Investments | | | OTHER LIAB. & DEF. CREDITS | | |
| 14. Other Noncurrent Assets | | | 47. Other Long-Term Liabilities | | |
| 15. Deferred Charges | | | 48. Other Deferred Credits | | |
| 16. Jurisdictional Differences | | | 49. Other Jurisdictional Differences | | |
| 17. Total Noncurrent Assets (11 thru 16) | | | 50. Total Other Liabilities and Deferred Credits (47 thru 49) | | |
| PLANT, PROPERTY, AND EQUIPMENT | | | EQUITY | | |
| 18. Telecom, Plant-in-Service | | | 51. Cap. Stock Outstand. & Subscribed | | |
| 19. Property Held for Future Use | | | 52. Additional Paid-in-Capital | | |
| 20. Plant Under Construction | | | 53. Treasury Stock | | |
| 21. Plant Adj., Nonop. Plant & Goodwill | | | 54. Membership and Cap. Certificates | | |
| 22. Less Accumulated Depreciation | | | 55. Other Capital | | |
| 23. Net Plant (18 thru 21 less 22) | | | 56. Patronage Capital Credits | | |
| 24. TOTAL ASSETS (10+17+23) | | | 57. Retained Earnings or Margins | | |
| | | | 58. Total Equity (51 thru 57) | | |
| | | | 59. TOTAL LIABILITIES AND EQUITY (35 thru 58) | | |

RF

OR PUBLIC INSPECTION

REDACTED - FOR PUBLIC INSPECTION

OPERATING REPORT FOR TELECOMMUNICATIONS BORROWERS

IL0526

PERIOD ENDING

December, 2012

INSTRUCTIONS- See RUS Bulletin 1744-2

PART B. STATEMENTS OF INCOME AND RETAINED EARNINGS OR MARGINS

| ITEM | PRIOR YEAR | THIS YEAR |
|---|------------|-----------|
| 1. Local Network Services Revenues | | |
| 2. Network Access Services Revenues | | |
| 3. Long Distance Network Services Revenues | | |
| 4. Carrier Billing and Collection Revenues | | |
| 5. Miscellaneous Revenues | | |
| 6. Uncollectible Revenues | | |
| 7. Net Operating Revenues (1 thru 5 less 6) | | |
| 8. Plant Specific Operations Expense | | |
| 9. Plant Nonspecific Operations Expense (Excluding Depreciation & Amortization) | | |
| 10. Depreciation Expense | | |
| 11. Amortization Expense | | |
| 12. Customer Operations Expense | | |
| 13. Corporate Operations Expense | | |
| 14. Total Operating Expenses (8 thru 13) | | |
| 15. Operating Income or Margins (7 less 14) | | |
| 16. Other Operating Income and Expenses | | |
| 17. State and Local Taxes | | |
| 18. Federal Income Taxes | | |
| 19. Other Taxes | | |
| 20. Total Operating Taxes (17+18+19) | | |
| 21. Net Operating Income or Margins (15+16-20) | | |
| 22. Interest on Funded Debt | | |
| 23. Interest Expense - Capital Leases | | |
| 24. Other Interest Expense | | |
| 25. Allowance for Funds Used During Construction | | |
| 26. Total Fixed Charges (22+23+24-25) | | |
| 27. Nonoperating Net Income | | |
| 28. Extraordinary Items | | |
| 29. Jurisdictional Differences | | |
| 30. Nonregulated Net Income | | |
| 31. Total Net Income or Margins (21+27+28+29+30-26) | | |
| 32. Total Taxes Based on Income | | |
| 33. Retained Earnings or Margins Beginning-of-Year | | |
| 34. Miscellaneous Credits Year-to-Date | | |
| 35. Dividends Declared (Common) | | |
| 36. Dividends Declared (Preferred) | | |
| 37. Other Debits Year-to-Date | | |
| 38. Transfers to Patronage Capital | | |
| 39. Retained Earnings or Margins End-of-Period [(31+33+34) - (35+36+37+38)] | | |
| 40. Patronage Capital Beginning-of-Year | | |
| 41. Transfers to Patronage Capital | | |
| 42. Patronage Capital Credits Retired | | |
| 43. Patronage Capital End-of-Year (40+41-42) | | |
| 44. Annual Debt Service Payments | | |
| 45. Cash Ratio [(14+20-10-11) / 7] | | |
| 46. Operating Accrual Ratio [(14+20+26) / 7] | | |
| 47. TIER [(31+26) / 26] | | |
| 48. DSCR [(31+26+10+11) / 44] | | |

REDACTED - FOR PUBLIC

REDACTED - FOR PUBLIC INSPECTION

| | |
|--|--|
| USDA-RUS OPERATING REPORT FOR TELECOMMUNICATIONS BORROWERS | BORROWER DESIGNATION IL0526 PERIOD ENDED December, 2012 |
| INSTRUCTIONS – See help in the online application. | |
| PART I – STATEMENT OF CASH FLOWS | |
| 1. Beginning Cash (Cash and Equivalents plus RUS Construction Fund) | |
| CASH FLOWS FROM OPERATING ACTIVITIES | |
| 2. Net Income | |
| <i>Adjustments to Reconcile Net Income to Net Cash Provided by Operating Activities</i> | |
| 3. Add: Depreciation | |
| 4. Add: Amortization | |
| 5. Other (Explain) | |
| <i>Changes in Operating Assets and Liabilities</i> | |
| 6. Decrease/(Increase) in Accounts Receivable | |
| 7. Decrease/(Increase) in Materials and Inventory | |
| 8. Decrease/(Increase) in Prepayments and Deferred Charges | |
| 9. Decrease/(Increase) in Other Current Assets | |
| 10. Increase/(Decrease) in Accounts Payable | |
| 11. Increase/(Decrease) in Advance Billings & Payments | |
| 12. Increase/(Decrease) in Other Current Liabilities | |
| 13. Net Cash Provided/(Used) by Operations | |
| CASH FLOWS FROM FINANCING ACTIVITIES | |
| 14. Decrease/(Increase) in Notes Receivable | |
| 15. Increase/(Decrease) in Notes Payable | |
| 16. Increase/(Decrease) in Customer Deposits | |
| 17. Net Increase/(Decrease) in Long Term Debt (Including Current Maturities) | |
| 18. Increase/(Decrease) in Other Liabilities & Deferred Credits | |
| 19. Increase/(Decrease) in Capital Stock, Paid-in Capital, Membership and Capital Certificates & Other Capital | |
| 20. Less: Payment of Dividends | |
| 21. Less: Patronage Capital Credits Retired | |
| 22. Other (Explain) | |
| 23. Net Cash Provided/(Used) by Financing Activities | |
| CASH FLOWS FROM INVESTING ACTIVITIES | |
| 24. Net Capital Expenditures (Property, Plant & Equipment) | |
| 25. Other Long-Term Investments | |
| 26. Other Noncurrent Assets & Jurisdictional Differences | |
| 27. Other (Explain) Asset Retirement | |
| 28. Net Cash Provided/(Used) by Investing Activities | |
| 29. Net Increase/(Decrease) in Cash | |
| 30. Ending Cash | |

REDACTED - FOR PUBLIC INSPECTION